DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration Center for Veterinary Medicine

## Protocol for Non-clinical and Effectiveness Studies

Form Approved: OMB No.

Expiration Date: 00/00/00

**PAPERWORK REDUCTION ACT STATEMENT**: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control Number. The public reporting burden for the collection of information is estimated to vary from 5 to 20 minutes, with an average of 12 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary information, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Food and Drug Administration, Center for Veterinary Medicine, 7500 Standish Place, Rockville, MD 20855.

Sul	omit this notice electronically to: Food and Drug Administration Center for Veterinary Medicine (HFV- ) 7500 Standish Place Rockville, Maryland 20855 (E-mail:cvmdcu@cvm.fda.gov)	DATE: DOCUMENT ID: STUDY / TRIAL ID: TYPE OF STUDY:	Pivotal	Non-pivotal	
,	The sponsor, Protocols for nonclinical laboratory studies (safety studies) well-controlled effectiveness studies are required und safety and effectiveness studies of new animal drugs	dies) are required und ler 21 CFR 514.117(b	er 21 CFR 58.120. ). Sponsors may r	equest that CVM review prot	
	Requesting Protocol CVM Rev	riew	Yes 🗌	No □	
1.	DRUG NAME(S):				
	Established name(s):				
	Trade name(s):				
2.	PROTOCOL TITLE				
	a. Short Abstract Title (80 characters):				
	b. Full Title (256 characters):				
	c. Version Number (If Applicable):				
3.	PROTOCOL PREVIOUSLY SUBMITTED TO CVM:	YES	□ NO		
	a. If Yes, is the Protocol currently under review in CVM	Date submitted to	o CVM:	CVM submission number:	
	b. Or, has the Protocol been previously reviewed by CVM	Date submitted to	o CVM:	CVM submission number:	
I.	<b>Sponsor Information</b>				
1.	NAME:		SPON	SOR SIGNATURE: (Adobe self s	sign)
2.	ADDRESS:				
3.	CONTACT NAME:				
4.	CONTACT PHONE NUMBER:				
5.	CONTACT FAX NUMBER:				
6.	CONTACT E-MAIL ADDRESS:				

## III. Comments

## IV. Protocol